

NATIONAL ASSOCIATION OF CERTIFICATE SERVICE PROVIDERS

SMC821350004

Date In: 05/11/2021 15:08
Ref No: NCA 1102101130117
Veh No: 8874221
D.O.A: 03/11/2021 19:15

| | | |
|---|-----------------------|---------|
| Job Description | Date & Time Completed | Done by |
| SAS e-thing | | |
| E-mail (by date time, A/G/L/H) | | |
| I-Motor Claim Form | | |
| I-Motor W/O (Within 60 days, TP 40%) | | |
| I-Photo Uploaded | | |
| Assessment Survey Report | | |
| Asst Report by Fax / Email to Owner/Volunteer | | |

OT: TP Reporting Only

TP Insurer

Preferred Wksp / INO Available Wksp / QW /
TP Initials / Vch No: SMC 9603 J, INO: / Non-INO: /
Owner / Driver: /
Policy No: / Period: / Cover Type: /
Confirmed by: / Date: /
Insured/Driver Liability: () (Note: Est. S/Ws (WO) N: 0-20%, P: 21-79%, P: 80-100%)
Year of Registration: /
Excess (\$): / Loading: \$1,000 () / \$2,000 ()

() Walk-In Customer / Customer's information strictly confidential & strictly NO report of repetition
() Total Loss Case / () e-mail Insurer UNIDENTIFY
Drive-In () / Towed-In () / Involves VRS () / NO () / Towing Co: ()

- 1) Apply for Transport Allowance () / Courtesy Car ()
- 2) QC Check / Post Repair Inspection ()
- 3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury: /
/

| | | | |
|----------------------------------|--|---------------------------------|--|
| NCA 2104340 | | / | |
| Driver/Owner | | 1) All Accident Insurance (50%) | |
| Continued No: | | 2) 24 Hour Emergency (50%) | |
| Continued Portion: | | 3) 24 Hour Emergency (50%) | |
| QC Checked by (Engin-Ins-Chief): | | 4) 24 Hour Emergency (50%) | |
| | | 5) 24 Hour Emergency (50%) | |
| | | 6) 24 Hour Emergency (50%) | |
| | | 7) 24 Hour Emergency (50%) | |
| | | 8) 24 Hour Emergency (50%) | |
| | | 9) 24 Hour Emergency (50%) | |
| | | 10) 24 Hour Emergency (50%) | |
| | | 11) 24 Hour Emergency (50%) | |
| | | 12) 24 Hour Emergency (50%) | |
| | | 13) 24 Hour Emergency (50%) | |
| | | 14) 24 Hour Emergency (50%) | |
| | | 15) 24 Hour Emergency (50%) | |
| | | 16) 24 Hour Emergency (50%) | |
| | | 17) 24 Hour Emergency (50%) | |
| | | 18) 24 Hour Emergency (50%) | |
| | | 19) 24 Hour Emergency (50%) | |
| | | 20) 24 Hour Emergency (50%) | |

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

| | |
|---------------------------------|-------------------------------------|
| Date of Submission | 05/11/2021 15:08 (SGT) |
| Date of Accident | 03/11/2021 19:15 (SGT) |
| Exact Location of Accident | AYE, Singapore |
| Additional Location Information | TOWARDS TUAS (BEFORE CLEMENTI ROAD) |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLS7122T |
| INSURED/POLICYHOLDER | |
| Is company? | No |
| Name Of Registered Owner | WAN SHU LON, ADRIAN |
| NRIC No | SXXXX535C |
| Email Address | cs8558cs@gmail.com |
| Mobile Phone No | (Phone) +65-98770561 |
| Alternative Phone No | +65-98770561 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Hyundai |
| Model | Elantra |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | Private use |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category | Private car |
| Transmission | Auto |
| CC | 1591 |

INSURANCE COMPANY

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | AIG Asia Pacific Insurance Pte. Ltd. |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | 2070114093-01 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|---------------------|
| Name of Driver | WAN SHU LON, ADRIAN |
| NRIC No | SXXXX535C |

| | |
|--|---|
| Date Of Birth | 21/01/1983 |
| Occupation | Indoor |
| Date Of Driving Pass | 13/12/2005 |
| Driving experience | 15 YEARS AND 11 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-98770561 |
| Alt. Phone Number | +65-98770561 |
| Email Address | cs8558cs@gmail.com |
| Address | BLK 809A CHOA CHU KANG AVENUE 1 #05-620 |
| Address complement | - |
| Postcode | 681809 |
| Is the driver the policyholder? | Yes |
| If No, Relationship of the Driver with the Insured | - |
| Does Driver Own Other Vehicles? | No |
| Vehicle Registration Number of Other Vehicle Owned by Driver | - |
| Insurance Company of Other Vehicle Owned by Driver | - |

GENERAL INFORMATION OF THE ACCIDENT

| | |
|--------------------|-----------------|
| Type of Accident | Chain Collision |
| Weather Conditions | AFTER RAIN |
| Road Surface | Wet |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 5 |
| Was anybody injured in the Accident? | Yes |
| Was any injured conveyed to hospital by ambulance? | No |
| Was any other vehicle or property damaged? | Yes |
| Number of Passengers (Including Driver) | 1 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

DETAILS OF POLICE ACTION

| | |
|---|----|
| Was the accident reported to the police? | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | No |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-------------|
| Vehicle Registration Number | SMN9403J |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | - |
| Contact Number | - |
| Address | - |
| Address complement | - |

Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SBG100J
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver -
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SKX4312S
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver -
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SKW733S
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver -
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|----------------------|
| Name of injured person | WAN SHU LON, ADRIAN |
| Gender | Male |
| Phone No | (Phone) +65-98770561 |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SLIGHT INJURY |
| Injured person in which vehicle? | SLS7122T |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that :

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(ii) investigating the accident and/or my claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Ayer Road MAS (Before Chuan Road)

A = SLS 7122 T

B = SMN 9403 J

C = SBG 100 J

D = SKX 4312 S

E = SKW 733 S

Describe Circumstances of the Accident

Date: 3/11/2021 Time: 7.15 PM

I was traveling along HYE towards Tuas, while I Drive pass Bonna Vista Exit, the front traffic slowed down and stop, I manage to stop behind the front car, Suddenly I felt an Impact from the rear, the Impact cause my car to Surge forward and collided onto the front car.

I came down and found I'm involved in an 5 car chain collided accident.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 3 / 11 / 2021 (dd/mm/yy)

Time of Accident: 19 : 15 (24-HR-FORMAT)

Vehicle No.: SLS722T Vehicle Make & Model / Engine (cc): Hyundai Elantra Private Hire: (Y/N) (N)

Exact location of Accident: AYE towards Tmas (Before Clementi Road)

Policyholder's Name / IC No.: Wan Shu Lon, Adrian ROC/UEN (Company):

Driver's Name / IC No.: S8304535C (As Above) ☐

Driver's Contact No.: 98770561 Company Contact No / Owner Contact No:

Driver's Address: BIK 809A Chou Chy Kang Ave 1 #05-620 S(681809)

Owner Email address: Insurance Company: AIG

Driver Email address: LS8558CS@gmail.com

21/01/1983

13/12/2005

Relationship between Owner & Driver: (Please CIRCLE one only)

Owner Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify:

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle
Was being used at time of accident?

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

☒ Private use / ☐ Work purpose

*No. of Passengers (Including Driver): 1

*Passenger Name:

Gender: Male / Female x()

*Passenger Name:

Gender: Male / Female x()

Weather condition & Road conditions? (On the day of accident)

☐ Clear & Dry / ☐ Raining & Wet / ☒ After-Rain & Wet / ☐ Drizzling & Wet / Others:

Was there any video captured by your Car Camera? ☐ Yes / ☐ No Remarks:

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name:

Injuries Sustain: Injured Person in Which Vehicle:

Police Report filed: ☐ Yes / ☐ No (If YES) Which Police Station:

The Other Party(s) Details:

1. Driver's Name / IC No: Vehicle No: SMN9403J

Driver's Contact No: Insurance Company:

2. Driver's Name / IC No (If Any): Vehicle No: SBG 100J

Driver's Contact No: Insurance Company:

*Independent Witness (If Any): Contact No:

Preferred Workshop Name: Contact No:

SKX 4312 S

SKW 733 S



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : WAN SHU LON, ADRIAN
Period of Insurance : 03 Oct 2021 To 02 Oct 2022
Engine No. : G4FGHU783424
Chassis No. : KMHD841CMJU544069

Vehicle No. : SLS7122T
Policy No. : 2070114093-01
Endorsement No. :
Issued Date : 17 Sep 2021

ABOUT THE COVER

Make/Model : HYUNDAI ELANTRA 1.6 GLS
Engine Capacity/Tonnage : 1,591.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2017
Insuring with COE/PARF : Yes

a) The Policyholder
b) Any other person who is driving on the Policyholder's order or with his/her permission
This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition
Mileage Condition : Unlimited Mileage
Limitation as to use* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business
This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc Optional

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings

EXCESS

Section 1
Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$600

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

WAN SHU LON, ADRIAN - \$600 (Own Damage), \$600 (Flood Cover), NEO QIN RUI, JOANNE - \$600 (Own Damage), \$600 (Flood Cover)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs) Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6339 6200. Alternatively, You may refer to AIG website www.aig.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Standard Chartered Bank (Singapore) Limited

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504615000
COSMO INSURANCE AGENCY PTE LTD
37 JALAN PEMIMPIN #04-04 MAPEX
SINGAPORE 577177
Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
This computer generated document does not require a signature.

SSPCSI

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